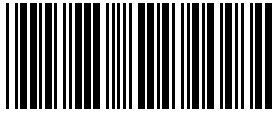




**REGISTERED AGENT/OFFICE  
STATEMENT OF CHANGE**  
SECRETARY OF STATE  
SFN 13019 (06-2006)



FOR OFFICE USE ONLY

ID#		
WO#		
Filed:	By:	Amount: \$
Attached: <input type="checkbox"/> Annual Report <input type="checkbox"/> Amendment <input type="checkbox"/> Other		

1. **FILING FEE: \$20.00:** To change the registered agent (and address if applicable)  
**OR**  
**FILING FEE: \$10.00:** To change only the address or name of the current registered agent  
**NO FEE:** To change the address resulting from a postal reassignment, rezoning, or  
911 address implementation

**TYPE OR PRINT LEGIBLY SEE REVERSE SIDE FOR FEES, FILING AND MAILING INSTRUCTIONS**

2. Name of the organization (corporation, limited liability company, limited liability partnership, limited partnership, limited liability limited partnership, or real estate investment trust):	3. Federal ID number:					
4. Name of the new registered agent (or new name of current registered agent):						
5a. New address of the registered agent named in number 4 (It cannot only be a post office box; it must be the agent's physical address.) If applicable for mailing purposes, a post office box can be added to the physical address.						
<table border="0"><tr><td>Physical Address</td><td>PO Box</td></tr><tr><td>City</td><td>State</td><td>Zip</td></tr></table>		Physical Address	PO Box	City	State	Zip
Physical Address	PO Box					
City	State	Zip				
b. Change of address is: (check one) <input type="checkbox"/> New location for current registered agent or the appointment of a new registered agent. <input type="checkbox"/> Postal reassignment, rezoning, or implementation of 911 address.						
c. Is the address in number 5a the same address as the principal place of business for the organization named in number 2? <input type="checkbox"/> Yes <input type="checkbox"/> No						
6. If a new registered agent has been named in number 4, an officer, manager, or other individual authorized by the organization named in number 2 may sign the following certification. If only the address of the current registered agent is changing, their registered agent may sign the certification. "As required by state law, I certify that the new registered agent named in number 4, if applicable, was appointed by a resolution, as required by state law and was adopted by the governing structure of the organization named in #2; that the new address in number 5, if applicable, for the current or newly appointed registered agent is the same address as that for the business office where the registered agent can be located during normal business hours. I further certify that I know that the information supplied in this form is true and correct and that I am authorized to sign it:  Signature: _____ Date: _____						

**CONSENT OF NEWLY APPOINTED REGISTERED AGENT** (Complete only if number 4 above is completed)

7. The new registered agent named in number 4 is: (check one) <input type="checkbox"/> A North Dakota resident <input type="checkbox"/> A limited liability company <input type="checkbox"/> A corporation <input type="checkbox"/> A limited liability partnership	8. Social Security or Federal ID number of registered agent named in number 4:	
9. According to state law, the newly appointed registered agent must sign a statement of consent to serve in that capacity (see instruction number 9 for authorized signers). "The undersigned, as the newly appointed registered agent for the organization named in number 2, consents to act as the registered agent for the organization until a change or resignation is submitted to the Secretary of State according to the provisions of the North Dakota state law.  Signature of registered agent named in number 4: _____ Date: _____		
10. Name of person to contact about this form:	Contact Person's E-Mail Address:	Daytime telephone # and extension, if any:
11. Provide the name and mailing address where the form could be returned if necessary, for corrections, additional information, or payment. ATTN: _____ Business / Firm Name: _____ Mailing Address: _____ City State Zip		

**INSTRUCTIONS FOR REGISTERED AGENT/OFFICE STATEMENT OF CHANGE**

The following organizations must continuously maintain a registered agent on file with the Secretary of State.

- |   |  |
|---|--|
| a) Domestic and foreign business, nonprofit & professional corporations | d) Domestic and foreign limited liability companies    |
| b) Domestic farm corporations   | e) Domestic and foreign limited liability partnerships |
| c) Domestic farm limited liability companies                            | f) Real estate investment trusts                       |

The Registered Agent/Office Statement of Change must be promptly filed upon the event of any of the following:

- |   |   |
|---|---|
| a) Organization changes its registered agent, | d) Registered agent relocates outside of North Dakota,  |
| b) A registered agent resigns,                | e) Registered agent has changed address, or   |
| c) A registered agent changes its name,       | f) Address of a registered agent has been changed as a result of rezoning or postal reassignment. |

Complete the Consent of Newly Appointed Registered Agent, at the bottom of this form, whenever the registered agent is changed. The Consent of Newly Appointed Registered Agent need not be completed when a registered agent changes its name. The Registered Agent/Office Statement does not need to be filed to report an addition or change of a post office box number. That change can be reported to the Secretary of State with any filing of the organization or by writing to the Secretary of State at the address at the bottom of the page.

The following numbers correspond to the numbered sections on the front of this form.

- FILING FEE: \$20** if the registered agent is being changed and the Consent of Newly Appointed Registered Agent is completed at the bottom of the form  
**\$10** if the address of the registered agent is being changed or the registered agent changed its name  
 (Checks must be payable to "Secretary of State" and must be for U.S. negotiable funds. Payment may also be made by credit card using VISA, Master Card, or Discover.)  
**NO FEE:** A fee is not required to add or change a post office box number or when an address change is the result of rezoning or postal reassignment. This includes address changes for implementation of 911 Emergency Service addresses.
- Provide the exact name of the corporation, limited liability company, limited liability partnership, or real estate investment trust for which the Registered Agent/Office Statement of Change is intended. This name must be exactly as currently registered with the North Dakota Secretary of State.
- To properly maintain organization records, the Federal ID number is required.

**Privacy:** In compliance with North Dakota laws, social security or Federal ID numbers are not disclosed to the public. They are used by the Secretary of State to maintain accurate entity files. Therefore, while voluntary disclosure is requested, failure to do so will not result in rejection of the document.

- Only complete this section if you are changing the registered agent or if changing the name of the registered agent. Provide the name of the newly appointed registered agent or, if the agent has had a name change, provide the new name of the current registered agent. A North Dakota resident residing in North Dakota may serve as registered agent for any organization, or another organization may serve as registered agent. However, an organization may not serve as its own registered agent. A corporation may serve as registered agent for another corporation, a limited liability company, a limited liability partnership, or a real estate investment trust. A limited liability company may serve as the registered agent for another limited liability company, a corporation, a limited liability partnership, or a real estate investment trust. A limited liability partnership may only serve as registered agent for another limited liability partnership.
- Only complete this section if you are making a change to the agent's address or have a newly appointed registered agent. Provide the new address of the current registered agent or the address of the newly appointed registered agent. The address must include the agent's physical address (street or rural address), a post office box if applicable, the city and the state, and a zip code with its 4 digit extension. The agent's physical address cannot only be a post office box. Even if a registered agent uses a post office box for mailing purposes, the law still requires the registered agent's physical address for service of process purposes.
  - Indicate whether the address change is a result of relocation or appointment of a new agent or whether the address change is a result of rezoning or postal reassignment. This includes address changes to implement 911 Emergency Service System.
  - Indicate whether the address in number 5a is also the address of the principal place of business of the organization named in number 2.
- The Registered Agent/Office Statement of Change must be signed and dated. If number 4 is completed appointing a new registered agent, the organization named in number 2 must authorize the appointment by resolution and an officer, a manager, a partner, or an individual authorized by the organization must sign the Registered Agent/Office Statement of Change. If the current registered agent of record is changing its name or its address as indicated in number 4, the registered agent may sign the Registered Agent/Office Statement of Change.

**CONSENT OF NEWLY APPOINTED REGISTERED AGENT**

This section is to be completed ONLY if number 4 has been completed, and the agent is a different registered agent than that currently on file with the Secretary of State. This section need not be completed if this change was authorized by the registered agent whose name has changed.

- Indicate whether the appointed registered agent is a North Dakota resident, a corporation, a limited liability company, or a limited liability partnership. (See instruction 4 to review qualified registered agents.)
- To properly maintain registered agent records, the social security number or Federal ID number of the registered agent is required. (See **PRIVACY** statement in number 3.)
- Only complete if a newly appointed agent was listed in number 4. The newly appointed registered agent must sign and date this consent. If the newly appointed registered agent is a corporation or limited liability company, the consent may be signed and dated by an officer, manager, or individual authorized to sign on its behalf.  
  
 Please note, the registered agent currently registered with the Secretary of State or the newly appointed registered agent listed in number 4, is the registered agent of record for your organization until a new name is filed with the Secretary of State or that registered agent files a resignation with the Secretary of State.
- To enable the Secretary of State's staff to process your document more efficiently, provide the name, email address, daytime telephone number, and extension, if any, of the person to contact for any issues related to this filing.
- If the document must be returned for corrections, additional information or payment, provide the mailing address where the Secretary of State should return the document.

**ASSISTANCE:** If assistance is required to complete the annual report, contact the Secretary of State.

**FAX FILING:** The document and Credit Card Payment Authorization may be faxed to 701-328-2992. A faxed filing does not expedite the process of the document in the office of the Secretary of State. When faxing an annual report to the Secretary of State, maintain the fax transmission log as proof that the annual report was timely filed.

**EMAIL:** Email is not a secure utility for the transmission of private information or credit card authorizations. **DO NOT EMAIL YOUR DOCUMENT TO THE SECRETARY OF STATE.**

**MAILING INSTRUCTIONS:** Send the completed annual report to:  
 Secretary of State  
 State of North Dakota  
 600 E Boulevard Avenue, Dept. 108  
 PO Box 5513  
 Bismarck ND 58506-5513



**CREDIT CARD PAYMENT AUTHORIZATION**  
**SECRETARY OF STATE**  
 SFN 51478 (02-2004)

(All items required to complete transaction)

Name:									
Address:						City:		State:	Zip Code:
<input type="checkbox"/> VISA <input type="checkbox"/> Master Card <input type="checkbox"/> Discover						Signature: (Required by credit card companies)			
Account Number:				V #					
						-		Date:	